

COMMON SPORTING HAND INJURIES

We continue our series on common sport injuries in this edition talking about the hand. The most common injuries in sports are to the hand. Although most are minor, they should not be taken lightly, because the more serious injuries are difficult to spot without thorough diagnosis. A simple “finger sprain” may turn out to be a complicated fracture-dislocation. Rule one is to have all hand injuries examined by a physician. Rule two is always to have an X-ray taken.

KNUCKLE FRACTURE

Although there are several types of hand fractures, the most common is a depressed knuckle fracture, sometimes known as a “punch” or “boxer’s” fracture. With proper treatment it usually heals quickly.

What To Look For:

Painful to use hand, swelling, a “dropped knuckle” (one knuckle lower than the others).

Cause:

A sharp blow by or to the hand from a punch, stick, helmet, etc.

Prevention:

Avoid punching – which is a rules violation in all sports except in certain sports such as boxing. Protective gloves can also help.

Treatment:

Expert care by a qualified physician is essential.

Return to Competition:

Return after solid healing, usually three to six weeks. Some young athletes return sooner, but the results can be a poorly healed bone.

RUPTURE OF THUMB LIGAMENT

This is a rupture of the ligament at the base of the thumb. A bone chip may be torn away with the ligament. Because they can be disabling, ligament injuries to the thumb must be given very careful treatment.

What to Look For:

Pain, swelling at the base of the thumb, looseness, and inability to pick up anything.

Cause:

The thumb is bent or twisted too far. This injury is common in skiing because the thumb can get caught in the ski pole strap during a fall.

Treatment:

A cast should be applied. In some cases, surgery may be necessary.

Return To Competition:

After the injury has healed, usually about six weeks.

FINGER SPRAIN

This is an injury to the ligaments that holds the finger joints together. There may be a small chip on the lower border or either side of the joint, indicating that a ligament was ruptured from the base of the joint, taking a small piece of bone with it. Such chips may be caught in the joint, creating a potentially serious problem. Finger sprains can have long-lasting effects. For example, sprained fingers frequently develop a “frustrated callus”: an excessive amount of hard tissue around the joint. This is nature’s way of protecting the finger from further injury. In some cases, particularly when the middle or ring finger has been sprained, the abnormal thickness may last for several years. An injury to the joint of the little finger can leave the joint stiff, no matter how good the care. If a young athlete has a finger sprain, don’t try to play doctor. It is vital to get expert medical attention.

What to Look For:

Swelling, pain, and stiffness, sometimes severe.

Cause:

Wrenching or twisting the finger. This injury can occur in almost any sport.

Prevention:

No preventive measures.

Treatment:

Initial treatment is rest, ice, and compression. Like other finger injuries, finger sprains should always be treated by a physician.

Return to Competition:

Even when well cared for, finger sprains can take weeks to months to recover, so patience is required. However, in many cases, a young athlete may continue to play with this injury as long as the injured finger is taped to an adjacent finger (“buddy taping”).

MALLET FINGER

The tendon at the top of the last finger joint is torn. Sometimes a fragment of bone is broken off with the tendon – if a large fragment, the joint may be displaced or dislocated. This is a classic injury seen most often in baseball, but also in basketball, football, or any sport where the finger can get jammed. It can leave a minor disability of the injured finger.

What to Look For:

The tip of the finger droops down and cannot be straightened.

Cause:

Usually happens when a ball hits the finger tip, but also can occur when the finger strikes a hard surface such as the ground or a helmet.

Prevention:

No preventive measures except skill in ball handling.

Treatment:

Recommend that the finger be splinted for four weeks with the tip out straight or bent upward (The splint and the finger may get a bit smelly, but the splint should not be removed until the end of the period.). Although this is the best treatment available, it may still leave minor disability – the finger may have a bump and not completely straighten out.

Return to Competition:

A young athlete can continue to play with this injury, but should wear a padded splint